



Town of North Stonington
Planning and Zoning Commission

Application for Subdivision/Resubdivision

Application Number:

Receipt Date:

Applicant Information:

Name:

Mailing Address:

Contact Info:

Phone: _____ Fax: _____ E-mail: _____

Owner of Record:

Name:

Mailing Address:

Contact Info:

Phone: _____ Fax: _____ E-mail: _____

Project Leader*

Name:

Mailing Address:

Contact Info:

Phone: _____ Fax: _____ E-mail: _____

Property Location: _____

Assessor Parcel Information:

Map:

Lot:

Number of New Lots Proposed:

Zoning District
Of Property:

R40 - R60 - R80 - C - HC - I - OR

Restrictive
Overlay Area:

N/A - VP - AP - SU

Does the property being subdivided or resubdivided abut the Town Line or include land in a neighboring town? Yes ☐ No ☐

Are public sewers proposed?

Yes

☐

No

☐

Is a community water system proposed?

Yes

☐

No

☐

The applicant and property owner above agree to comply with all Town of North Stonington Ordinances and Zoning Regulations relative to the establishment of this Subdivision or Resubdivision.

Date

Signature (Applicant)

Date

Signature (Property Owner of Record)

*The Project Leader is the primary contact for the town.